

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 23, 2018

Brenda Egbert, Manager  
Bradford Oasis  
92 Cottage Street  
Bradford, VT 05033-8897

Provider #:

Dear Ms. Egbert:

The Division of Licensing and Protection conducted an onsite complaint investigation on **January 22, 2018**. The purpose of the investigation was to determine if your facility was in compliance with Federal participation requirements of the Medicare/Medicaid Program. The investigation was completed on **January 22, 2018** and there were no regulatory violations related to the complaint allegations.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Enclosure



Division of Licensing and Protection

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0618</b>                       | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>01/22/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRADFORD OASIS</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>92 COTTAGE STREET</b><br><b>BRADFORD, VT 05033</b> |  |  |  |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| R100  | Initial Comments:<br><br>An unannounced onsite complaint investigation was completed by the Division of Licensing and Protection on 1/22/18. No regulatory violations related to the allegations were identified. |  | R100   |  |  |

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE